



GRANITE SCHOOL DISTRICT
LIFE INSURANCE COVERAGE
CHANGE OF BENEFICIARY ONLY

Name: _____
Last, First, MI

Date of Birth: _____ Employee No: _____

Address: _____ City: _____ State: _____

Beneficiary:

Table with 8 rows and 3 columns: Name, Address, Relationship. Includes checkboxes for Primary/Secondary and various relationships like Spouse, Child, Parent, Brother, Sister, Other.

This beneficiary change form must be delivered in person. You must show proper ID (driver license, employee badge, passport). Change will become effective immediately.

Employee Signature: _____ Date: _____

Received in the Benefit Office: _____

By: _____ Printed Name Signature